PMH7

THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY—E-STAR: AN ELECTRONIC REGISTRY TO EVALUATE OUTCOMES DATA IN PATIENTS WITH SCHIZOPHRENIA/SCHIZOAFFECTIVE DISORDER

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OBJECTIVES: Health Technology Assessment groups suggest that registries designed for the purpose of collecting patient data on resource use and outcomes are a relevant supplement to data collected in randomized controlled clinical trials because they reflect a routine clinical care setting and enable considered treatment decisions and healthcare resource allocation to be made (http://www.nice.org). The Electronic Schizophrenia Treatment Adherence Registry (e–STAR) is a non-interventional, international registry designed to evaluate medication usage and long-term clinical outcomes in patients with schizophrenia or schizoaffective disorder undergoing a change in antipsychotic medication in a naturalistic setting. **METHODS:** In- or out-patients who start a new antipsychotic medication during the course of their routine clinical management are eligible for enrolment in the e–STAR project. Data are collected through an innovative Electronic Data Capture system and transmitted to the registry at baseline—the time of switch to the new medication—and every 3 months for the following 24 months. Data are also collected retrospectively for the 12 months preceding baseline. A secure website is used, which anonymises data and conducts automated data quality checks before being transmitted to the registry. Patient data on demographics, treatment and hospitalisation history, and clinical outcomes are collected. **RESULTS:** Changes in clinical and other outcome measures following a switch to the new medication will enable clinicians—and other decision makers—to evaluate the effectiveness and utility of the treatment switch in a routine clinical care setting by identifying optimal outcome patterns in defined cohorts of patients. **CONCLUSION:** To date, 6 countries are participating in the e–STAR project, which aims to enroll at least 5000 patients. This paper decribes the logistics of the project.

PMH8

COSTS AND EFFECTS OF RISPERDAL CONSTA (TM) IN COMPARISON TO CONVENTIONAL DEPOT AND SHORT-ACTING ATYPICAL FORMULATIONS IN PORTUGAL

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OBJECTIVES: To estimate the cost-effectiveness of Risperdal Consta versus a conventional depot and an oral atypical over a 5-year period in Portugal. **METHODS:** A discrete-event model was developed comparing three scenarios. In scenario-1, patients start on haloperidol depot and may be switched to olanzapine followed by oral risperidone. In scenario-2 patients start on Risperdal Consta and may be switched to olanzapine followed by haloperidol depot. In scenario-3, patients start on oral risperidone instead of Risperdal Consta. The model simulates individual patient-histories accounting for age, gender, type, severity of disease, potential to present risk and side-effects. Based on these patient characteristics, the model simulates visits, psychotic-episodes, symptom-score, degree of disorganisation, treatment, compliance, risk and location. Outcomes are expressed in terms of number and duration of psychotic episodes, symptoms-score and costs (psychiatrist visits, medication and location) information was derived from literature and an expert panel. **RESULTS:** Over a 5-year time-horizon and per patient, starting with Risperdal Consta was estimated to avoid 0.44 and 0.59 relapses and to save 3603€ and 4682€ compared to a conventional depot (scenario-1) and to an oral atypical (scenario-3) respectively. In subgroup analysis of only high-risk non-compliant patients Risperdal Consta was estimated to avoid 0.51 and 0.71 relapses and to save 5700€ and 10,500€. In the subpopulation with co-morbid substance abuse, Risperdal Consta was estimated to save 10,300€ and 17,500€ and to avoid 0.33 and 0.50 relapses per patient respectively. Sensitivity analyses showed that the results are robust and that they are mainly related to estimates about location costs, probability to present risk and the effects of atypical and conventional formulations on the symptom-score. **CONCLUSIONS:** Based on the model parameters, Risperdal Consta combines additional effectiveness with cost savings in patients with schizophrenia, and should therefore be preferred as treatment over conventional depots and oral atypical formulations.

PMH9

A PROBABILISTIC COST-EFFECTIVENESS ANALYSIS OF ESCITALOPRAM, GENERIC CITALOPRAM AND VENLAFAXINE AS A FIRST-LINE TREATMENT OF MAJOR DEPRESSIVE DISORDER IN THE UNITED KINGDOM

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OBJECTIVES: Comparing the cost-effectiveness of escitalopram with venlafaxine and generic citalopram and in the first-line treatment of Major Depressive Disorder (MDD) in the UK (UK). **METHODS:** A 2-path decision analytic model with a 6-month horizon was adapted to the UK setting using local clinical guidelines and data. All patients (aged greater than or equal to 18 years) started at the primary care path and were referred to specialist care in the secondary care path in case of insufficient response. Model inputs included drug-specific probabilities derived from a meta-analysis, clinical trials, GPRD database, published literature, and expert opinion. Unit costs (in 2003 GBP) were taken from the literature. Main outcome measures were success [i.e., remission defined as Montgomery-Åsberg Depression Rating Scale (MADRS) score less than or equal to 12] and costs of treatment. The analysis was performed from the National Health Service (NHS) and societal perspectives. The Human Capital approach was used to estimate the societal costs of lost productivity. **RESULTS:** From both perspectives, treatment with escitalopram yielded lower expected cost and greater success of treatment compared with generic citalopram. The expected success rate for escitalopram was higher (63.5%) compared with generic citalopram (58.2%). From the NHS perspective, the expected cost per successfully treated patient was £201 lower for escitalopram (£732) compared with generic citalopram (£933). From the societal perspective, the difference was ≤884 between expected costs of £3635 and £4519. Escitalopram demonstrated similar treatment success to that of venlafaxine at lower costs (£53 and £61, for NHS and societal perspectives, respectively). Multivariate sensitivity analyses demonstrated the robustness of the model and that escitalopram remained the dominant treatment option even at an acquisition cost of £0 for generic citalopram. **CONCLUSIONS:** Escitalopram is a cost-effective alternative compared to generic citalopram and venlafaxine in the first-line treatment of MDD in the UK.